


# FORM LM-2 LABOR ORGANIZATION ANNUAL REPORT

Form Approved  
Office of Management and Budget  
No. 1215-0188  
Expires: 11-30-2002

**MUST BE USED BY LABOR ORGANIZATIONS WITH \$200,000 OR MORE IN  
TOTAL ANNUAL RECEIPTS AND LABOR ORGANIZATIONS IN TRUSTEESHIP**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

	1. FILE NUMBER <b>006-136</b>	2. PERIOD COVERED MO DAY YEAR From <b>01 01 2001</b> Through <b>12 31 2001</b>	3. (a) AMENDED — If this is an amended report correcting a previously filed report, check here: (b) TERMINAL — If your organization ceased to exist and this is its terminal report, see Section XII of the instructions and check here: (c) SUBSIDIARY — If this is a report for a subsidiary organization of your union as defined in Section X of the instructions, check here:
	<b>IMPORTANT</b>  <b>Peel off the address label from the back of the package and place it here.</b>  If the label information is correct, leave Items 4 through 8 blank.  If any of the label information is incorrect, complete Items 4 through 8.		
4. AFFILIATION OR ORGANIZATION NAME <b>PROD. SERVICE AND SALES DISTRICT COUNCIL</b>		8. MAILING ADDRESS (Type or print in capital letters.)  First Name <b>EDWARD</b>  Last Name <b>RIVERA</b>  P.O. Box • Building and Room Number (if any)    Number and Street <b>9201 4TH AVENUE</b>  City <b>BROOKLYN</b>  State ZIP Code + 4 <b>NY 11209-</b>	
5. DESIGNATION (Local, Lodge, etc.) <b>LOCAL</b>	6. DESIGNATION NUMBER <b>222-S</b>		
7. UNIT NAME (if any) <b>UECW - AFL-CTO</b>			
9. Are your organization's records kept at its mailing address? (If "No," provide address in Item 75.) Yes <input checked="" type="checkbox"/> No			

75. ADDITIONAL INFORMATION (If more space is needed, attach additional pages properly identified.)	
Item Number	Description
11	PRODUCTION SERVICE AND SALES D.C. HEALTH FUND # 11-188915
11	PRODUCTION SERVICE + SALES D.C. PENSION FUND # 11-2006994
14	ABE STEINBERG C.P.A. - 50 MERRICK ROAD ROCKVILLE CENTER N.Y. 11570
24	WITHDRAWAL LIABILITY UNDER ERISA - \$55,751 - PAYMENTS OF \$1,434 QUARTERLY

Each of the undersigned, duly authorized officers of the above labor organization, declares, under the applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VI on penalties in the instructions.)			
76. SIGNED: <u><b>Edoardo Rivera</b></u>	PRESIDENT (If other title, see instructions.)	77. SIGNED: <u><b>Scott J. [Signature]</b></u>	SECTY TREASURER (If other title, see instructions.)
<u><b>3 12 02</b></u>	<u><b>(718) 491-4700</b></u>	<u><b>3 12 02</b></u>	<u><b>(718) 491-4700</b></u>
Date	Telephone Number	Date	Telephone Number

## During the Reporting Period Did Your Organization:

10. Have a "subsidiary organization" as defined in Section X of the instructions? ..... Yes No ☒ ☐
11. Create or participate in the administration of a trust or other fund or organization, as defined in the instructions, which provides benefits for members or their beneficiaries? ..... ☒ ☐
12. Have a political action committee (PAC) fund? ..... ☐ ☒
13. Acquire or dispose of any goods or property in any manner other than by purchase or sale? ..... ☐ ☒
14. Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative? ..... ☐ ☒
15. Discover any loss or shortage of funds or other property? ..... ☐ ☒  
(Answer "Yes" even if there has been repayment or recovery.)
16. Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or more as an officer or employee of another labor organization or of an employee benefit plan? ..... ☐ ☒
17. Liquidate or reduce any liabilities without disbursement of cash? ..... ☐ ☒

(If the answer to any of the above questions is "Yes," provide details in Item 75 on page 1 as explained in the instructions for each item.)

18. How many members did your organization have at the end of the reporting period? 983

19. What is the date of your organization's next regular election of officers? MO 12 YEAR 2003

20. What is the maximum amount recoverable under your organization's fidelity bond for a loss caused by any officer or employee of your organization? \$ 40 000

21. What are your organization's rates of dues and fees?  
(Enter a minimum and maximum if more than one rate applies for any line.)

Rates of Dues and Fees	
(a) Regular Dues/Fees	\$ 14 <sup>00</sup> -25 <sup>50</sup> per Month (Month, Year, etc.)
(b) Initiation Fees	\$ 25-100
(c) Transfer Fees	\$ _____
(d) Work Permits	\$ _____ per _____ (Month, Year, etc.)

22. During the reporting period, did your organization have any changes in its constitution and bylaws (other than rates of dues and fees) or in practices/procedures listed in the instructions? ..... Yes No ☐ ☒  
(If the constitution and bylaws have changed, attach two new dated copies. If practices/procedures have changed, see the instructions.)
23. Were any of your organization's assets pledged as security or encumbered in any other way at the end of the reporting period? ..... ☐ ☒
24. Did your organization have any contingent liabilities at the end of the reporting period? ..... ☐ ☒

(If the answer to Item 23 or 24 is "Yes," provide details in Item 75 on page 1.)

# STATEMENT A — ASSETS AND LIABILITIES

FILE NUMBER: 006-136

Complete Schedules 1 Through 15 Before Completing Statement A

Enter Amounts in Dollars Only — Do Not Enter Cents

	ASSETS		From SCH #	Start of Reporting Period (A)	End of Reporting Period (B)
	Item				
ASSETS	25. Cash .....			18 912	16 150
	26. Accounts Receivable .....			0	0
	27. Loans Receivable .....	1		0	0
	28. U.S. Treasury Securities .....			0	0
	29. Investments .....	2		0	0
	30. Fixed Assets .....	5		0	0
	31. Other Assets .....	3		0	0
	32. TOTAL ASSETS .....			18 912	16 150
LIABILITIES	LIABILITIES		From SCH #	Start of Reporting Period (C)	End of Reporting Period (D)
	Item				
	33. Accounts Payable .....			0	0
	34. Loans Payable .....	8		10 000	0
	35. Mortgages Payable .....			0	0
	36. Other Liabilities .....	4		6 204	6 285
	37. TOTAL LIABILITIES .....			16 204	6 285
38. NET ASSETS (Item 32 less Item 37) .....			2 708	9 865	

# STATEMENT B — RECEIPTS AND DISBURSEMENTS

FILE NUMBER: 006-136

Complete Schedules 1 Through 15 Before Completing Statement B

Enter Amounts in Dollars Only — Do Not Enter Cents

CASH RECEIPTS	From SCH #	AMOUNT	CASH DISBURSEMENTS	From SCH #	AMOUNT
Item			Item		
39. Dues .....		311 443	56. To Officers .....	9	158 541
40. Per Capita Tax .....			57. To Employees .....	10	0
41. Fees .....			58. Per Capita Tax .....		18 370
42. Fines .....			59. Fees, Fines, Assessments, etc. ....		
43. Assessments .....			60. Office & Administrative Expense ....	13	11 429
44. Work Permits .....			61. Educational & Publicity Expense ...		
45. Sale of Supplies .....			62. Professional Fees .....		9108
46. Interest .....			63. Benefits .....	11	35092
47. Dividends .....			64. Contributions, Gifts & Grants .....	12	
48. Rents .....			65. Supplies for Resale .....		
49. Sale of Investments & Fixed Assets .....	6		66. Direct Taxes .....		13192
50. Loans Obtained .....	8		67. Withholding Taxes .....		46 171
51. Repayments of Loans Made .....	1		68. Purchase of Investments & Fixed Assets .....	7	
52. On Behalf of Affiliates for Transmittal to Them .....		156	69. Loans Made .....	1	
53. From Members for Disbursement on Their Behalf .....			70. Repayment of Loans Obtained .....	8	10 000
54. Other Receipts .....	14	10	71. To Affiliates of Funds Collected on Their Behalf .....		13
			72. On Behalf of Individual Members ...		
			73. Other Disbursements .....	15	12 395
55. TOTAL RECEIPTS .....		311 609	74. TOTAL DISBURSEMENTS .....		314 371

If more space is needed to complete Schedules 1 through 8 or 11 through 15, continue on additional pages, using the same column headings used on the schedule, and enter the totals on the line provided for additional pages in each schedule. For Schedules 9 and 10, use the continuation pages provided.

FILE NUMBER: 006-136

Enter Amounts in Dollars Only — Do Not Enter Cents

## SCHEDULE 1 — LOANS RECEIVABLE

List below loans to officers, employees, or members which at any time during the reporting period exceeded \$250 and list all loans to business enterprises regardless of amount. (A)	Loans Outstanding at Start of Period (B)	Loans Made During Period (C)	Repayments Received During Period		Loans Outstanding at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. Name: _____  Purpose: _____  Security: _____  Terms of Repayment: _____					
2. Name: _____  Purpose: _____  Security: _____  Terms of Repayment: _____					
3. Name: _____  Purpose: _____  Security: _____  Terms of Repayment: _____					
4. Totals from additional pages (if any)					
5. Totals of loans not listed above					
6. Totals of Lines 1 through 5	0	0	0	0	0
<div style="display: flex; justify-content: space-between; align-items: center;"> <div>Enter the Totals from Line 6 in</div> <div> <div>↑</div> <div>Item 27</div> <div>Column (A)</div> </div> <div> <div>↑</div> <div>Item 69</div> </div> <div> <div>↑</div> <div>Item 51</div> </div> <div> <div>↑</div> <div>Item 75</div> <div>with Explanation</div> </div> <div> <div>↑</div> <div>Item 27</div> <div>Column (B)</div> </div> </div>					

# **SCHEDULE 2 — INVESTMENTS** (OTHER THAN U.S. TREASURY SECURITIES)

FILE NUMBER: 006-136

Description (A)	Amount (B)
<b>Marketable Securities</b>	
1. Total Cost	
2. Total Book Value	
3. List each marketable security which has a book value over \$1,000 and exceeds 20% of Line 2.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
<b>Other Investments</b>	
4. Total Cost	
5. Total Book Value	
6. List each other investment which has a book value over \$1,000 and exceeds 20% of Line 5. Also list each subsidiary for which separate reports are attached.	
(a) _____	
(b) _____	
(c) _____	
(d) _____	
(e) Total from additional pages (if any)	
7. Total of Lines 2 and 5	0
Enter the Total from Line 7 in ..... Item 29, Column (B)	

# **SCHEDULE 3 — OTHER ASSETS**

Description (A)	Book Value (B)
1.	
2.	
3.	
4.	
5.	
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	0
Enter the Total from Line 7 in ..... Item 31, Column (B)	

# **SCHEDULE 4 — OTHER LIABILITIES**

Description (A)	Amount at End of Period (B)
1. DUE TO UFCW PENSION FD	5707
2. DUE TO D.C. PENSION FD	426
3. DUE TO PSS HEALTH FD	70
4. DUE FOR LIFE INSUR.	8
5. PAYROLL TAXES PAYABLE	74
6. Total from additional pages (if any)	
7. Total of Lines 1 through 6	6285
Enter the Total from Line 7 in ..... Item 36, Column (D)	

# SCHEDULE 5 — FIXED ASSETS

FILE NUMBER: 006-136

Description (A)	Cost or Other Basis (B)	Total Depreciation or Amount Expensed (C)	Book Value (D)	Fair Market Value (E)
1. Land (give location):				
2. Totals from additional pages (if any)				
3. Buildings (give location):				
4. Totals from additional pages (if any)				
5. Automobiles and Other Vehicles				
6. Office Furniture and Equipment				
7. Other Fixed Assets				
8. Totals of Lines 1 through 7			0	

Enter the Total from Line 8, Column (D) in ..... Item 30, Column (B)

# SCHEDULE 6 — SALE OF INVESTMENTS AND FIXED ASSETS

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Gross Sales Price (D)	Amount Received (E)
1.				
2.				
3.				
4.				
5. Totals from additional pages (if any)				
6. Totals of Lines 1 through 5				
			7. Less Reinvestments	
			8. Net Sales 0	

Enter the Total from Line 8 in ..... Item 49

# SCHEDULE 7 — PURCHASE OF INVESTMENTS AND FIXED ASSETS

FILE NUMBER: 006-136

Description (if land or buildings, give location) (A)	Cost (B)	Book Value (C)	Cash Paid (D)
1.			
2.			
3.			
4.			
5. Totals from additional pages (if any)			
6. Totals of Lines 1 through 5			
	7. Less Reinvestments		
	8. Net Purchases		
Enter the Total from Line 8 in ..... Item 68			

# SCHEDULE 8 — LOANS PAYABLE

Source of Loans Payable at Any Time During the Reporting Period (A)	Loans Owed at Start of Period (B)	Loans Obtained During Period (C)	Repayment Made During Period		Loans Owed at End of Period (E)
			Cash (D)(1)	Other Than Cash (D)(2)	
1. P.S.S. DISTRICT COUNCIL	10,000	0	10,000	0	0
2.					
3.					
4.					
5. Totals from additional pages (if any)					
6. Totals of Lines 1 through 5	10000	0	10000	0	0
Enter the Totals from Line 6 in ..... Item 34 ..... Item 50 ..... Item 70 ..... Item 75 ..... Item 34					
Column (C)			with Explanation		Column (D)



# SCHEDULE 9 — ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

FILE NUMBER: 006-136

(A) Name <small>(List all persons who held office during the reporting period even if they received no salary or other disbursements. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Title <small>(Enter title of officer, such as PRESIDENT or TREASURER.)</small>	Status (C)*					
Last Name: 1. RIVERA First Name: EDWARD Title: PRESIDENT Status: C		111515	0	2330	0	113845
Last Name: 2. DOMINI First Name: WILLIAM Title: SECRETARY TREAS Status: C		89400	0	1491	0	90891
Last Name: 3. CARASCO First Name: PEDRO Title: VICE PRESIDENT Status: N		0	0	0	0	0
Last Name: 4. BORRIELLO First Name: JACQUEL Title: RECORDING SECY Status: C		0	0	0	0	0
Last Name: 5. KWASHEK First Name: RAY Title: Status: N		0	0	0	0	0
Last Name: 6. First Name: Title: Status:						
Last Name: 7. First Name: Title: Status:						
8. Totals from additional pages (if any)						
9. Totals of Lines 1 through 8		200915	-0-	3821		204736
				10. Less Deductions 46195		
Enter the Total from Line 11 in ..... Item 56 ➡				11. Net Disbursements 158541		

\*Code for Status (C): past officer — P; continuing officer — C; new officer during the reporting period — N.

(If any officer was not elected at a regular election in accordance with your organization's constitution and bylaws, explain in Item 75 on page 1.)

# SCHEDULE 10 — DISBURSEMENTS TO EMPLOYEES

FILE NUMBER: 006-136

(A) Name <small>(List all employees who received more than \$10,000 in total disbursements from your organization and any affiliates. Use all capital letters.)</small>		Gross Salary (before taxes and other deductions) (D)	Allowances (E)	Disbursements for Official Business (F)	Other Disbursements (G)	Total (H)
(B) Position <small>(Enter employee's job title.)</small>						
(C) Name of Affiliated Organization <small>(if applicable)</small>						
1. Last Name First Name  Position  Name of Affiliated Organization						
2. Last Name First Name  Position  Name of Affiliated Organization						
3. Last Name First Name  Position  Name of Affiliated Organization						
4. Last Name First Name  Position  Name of Affiliated Organization						
5. Last Name First Name  Position  Name of Affiliated Organization						
6. Totals from additional pages <small>(if any)</small>						
7. Totals for all employees who, during the reporting period, received \$10,000 or less in total disbursements from your organization and any affiliates						
8. Totals of Lines 1 through 7						
				9. Less Deductions		
Enter the Total from Line 10 in..... Item 57 ⇨				10. Net Disbursements		

# **SCHEDULE 11 — BENEFITS**

FILE NUMBER: 006-136

Description (A)	To Whom Paid (B)	Amount (C)
1. PENSION BENEFITS	PSSDC PENSION FUND	10925
2. MEDICAL INSURANCE	BLUE CROSS/BLUE SHIELD	19878
3. GROUP LIFE INSURANCE	NO. AMERICAN BENEFITS	537
4. PRESCRIPTION PLAN	GENERAL PRESCRIPTION	3752
5. Total from additional pages (if any)		
6. Total of Lines 1 through 5		35092
Enter the Total from Line 6		↑ Item 63


# **SCHEDULE 12 — CONTRIBUTIONS, GIFTS & GRANTS**

Description (A)	Amount (B)	
1.		
2.		
3.		
4.		
5.		
6.		
7. Total from additional pages (if any)		
8. Total of Lines 1 through 7	0	
Enter the Total from Line 8 in		↑ Item 64


# **SCHEDULE 13 — OFFICE & ADMINISTRATIVE EXPENSE**

Description (A)	Amount (B)	
1. RENT	7029	
2. TELEPHONE	2855	
3. OFFICE SUPPL, POSTAGE, EE	1545	
4.		
5.		
6.		
7. Total from additional pages (if any)		
8. Total of Lines 1 through 7	11429	
Enter the Total from Line 8 in		↑ Item 60

# **SCHEDULE 14 — OTHER RECEIPTS**

Description (A)	Amount (B)
1. BANK CHARGES CREDITED	10
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	10
Enter the Total from Line 17 in .....  Item 54	

# **SCHEDULE 15 — OTHER DISBURSEMENTS**

Description (A)	Amount (B)
1. SERVICES RENDERED	10791
2. UNION DUES DEDUCTED	< 600 >
3. BANK CHARGES	62
4. CONDOLENCE	149
5. XMAS EXPENSE	937
6. WITHD. LIAB. - EXCISE TAX	1056
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16. Total from additional pages (if any)	
17. Total of Lines 1 through 16	12395
Enter the Total from Line 17 in .....  Item 73	